Will You Become Another Jake or Skelly? — Understanding Alzheimer’s Disease

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I. Introduction

“The Graduation of Jake Moon” is a novel about—Jake, a boy going to graduate from the 8th grade, and his grandfather Skelly, who developed Alzheimer’s disease. Jake used to like to spend time with Skelly, and they had a lot of fond memories. Nevertheless, as Skelly was diagnosed with Alzheimer’s and began to act oddly; their family life became tougher and tougher. Jake had to sacrifice his interests and time with friends because he was responsible for looking after Skelly. As a result, he started getting bored with the “babysitting” job and determined to abandon Skelly. However, when Skelly was missing for days, Jake and his family members grew so anxious that Jake decided to find him back at all costs. Eventually, Skelly came back with carefree look. At this very moment, Jake had another attitude toward living with Skelly and decided to treasure him no matter what would become of Skelly. In the end, Jake graduated from the 8th grade with his hand holding his grandfather’s. (Park, 2002)

As far as we can see, Alzheimer’s disease has been a lot concerned by people all over the world for a long time. Based on statistics, there are more than twenty four million people living with Alzheimer’s disease in the world. People coming down with this disease may have the symptoms of dementia and have difficulties doing some daily routines by their own, such as brushing teeth, putting on clothes, taking baths, and so forth. Moreover, their families might not only have to spend a great deal of time and money looking after them, but also have no option but to live in great pain and turmoil. It’s also said that doctors and specialists have yet to find a cure for this fatal and progressive brain disease.

In this essay, we’re going to explore the world of Alzheimer’s disease and compare its development with the behavior of the old man Skelly in the novel. We’ll examine what Alzheimer’s disease is, its development, and its impacts on both sufferers and their families. Also, we’ll talk about what we’re able to do for Alzheimer’s disease sufferers, as well as how to get along with them.

II. Alzheimer’s Disease

A. The Introduction of Alzheimer’s Disease
Alzheimer’s disease was first found by a German physician named Alois Alzheimer in 1906. This brain disorder has been learned a lot by scientists since he first paid attention to it.

Alzheimer’s disease is known as a progressive and fatal disease. There’re more than 3.5 million people in America alone living with this disease. According to statistics, every 70 seconds on average, someone develops Alzheimer’s. It’s not surprising to know that Alzheimer’s disease ranks as the seventh-leading cause of death in the U.S. (Alzheimer’s Association, 2009)

There are ten signs as follows which can help us distinguish whether people around us are in the likelihood of having Alzheimer’s. (Alzheimer’s Association, 2009)

1. Losing memory and disrupting doing daily routines.
2. Having troubles planning or solving problems.
3. Having hard time accomplishing acquainted things at anytime.
4. Being confused with time and place.
5. Inability to comprehend visual images and spatial relationships.
6. Problems in speaking or writing with words.
7. Putting things in wrong places.
8. Facing changes in judgment or decision-making.
9. Not interested in work or social activities.
10. Having big change in personality and becoming moody easily.

At the present, there’s no cure for this disease. Researchers are seeking new alternatives to change the course of the disease and trying to enhance the quality of sufferers’ life.

B. The Factors that Trigger Alzheimer’s Disease

Although scientists haven’t identified any specific reason for cells failure of the disease, they have found certain risk factors raising the possibility of developing Alzheimer’s. For example, age, family history, and genes.

It is said that individuals aged 65 or older are more likely to get Alzheimer’s disease. The possibilities will double every 5 years after 65, and at the age of 85, the likelihood is near 50 percent. As for family history, if one or more of your
family members have gotten Alzheimer's, you are said to have more chances to get the illness. As to heredity, two kinds of genes, the deterministic gene and the APOE gene, so far have been confirmed by the scientists to be related to Alzheimer's. The former causes the disease more directly than the latter.

III. The Development of Alzheimer’s Disease

A. The First Stage

The first-stage Alzheimer’s sufferers may be diagnosed with certain symptoms such as forgetfulness and lack of creativity. For example, they may forget where the key is, and they may gradually lose the passion for the former hobbies and occupation, just as Skelly in the novel lost the passion for painting which once had been his favorite thing. And these symptoms often turn up within two to three years after coming down with Alzheimer’s.

B. The Second Stage

The second-stage Alzheimer’s sufferers will face the problems such as misplacing objects and mistaking someone for another. For instance, in the novel Skelly always put his pajamas in the refrigerator instead of the hamper and he might even take his grandson for his old friend. Sometimes, they seem to be unable to focus as if they were daydreaming when you’re talking to them. And they tend to repeat the same sentences, thoughts, or behavior.

C. The Final Stage

The final-stage Alzheimer’s sufferers may become confused not only about where they are but about what date it is. Take Skelly in the novel for example, he couldn’t recognize where he was and find a way home when he get lost after walking away from the senior center. Also, he lost his intelligence and ability of communication. To make things worse, it seriously affected his family’s daily life when he needed help with toileting.

IV. The Prevention, Treatment, and Care of Alzheimer’s Disease

A. Prevention
Various research efforts have been made to improve the prevention of the disease, and so far some suggestions have been made. (Alzheimer’s Research & Prevention Foundation, 2008)

1. Mediterranean Diet

It is reported that those who consume more olive oil, beans, grains, vegetables, fowl, wine, fish, and meat, which contains folic acid and vitamin C, would have less chances of 40% of having Alzheimer’s. From this statistics, we can know that how a light meal is able to be wholesome to us.

2. Stress Management

If you cannot control stress well, the chemicals would increase under stressful condition. That is, cortisol damages the function of memory center. It blocks neurotransmitter function and makes cells in memory center injured. And high levels of cortisol also cause short-term memory loss. As stress and cortisol levels increase, and so does the chances of developing memory loss.

3. Exercise

The regular physical and mental exercise can reduce your risk for developing Alzheimer’s disease by up to 50% and 70% respectively. For physical exercise, you should do the equivalent of walking a minimum of 20 minutes, three times a week, including jogging, dancing, swimming, and playing tennis. As to mental exercise, you can try reading, writing, playing mahjong, and doing crossword puzzles.

4. Medications and Hormones

Medications like Aricept, Exelon, Namenda, which should only be prescribed by a doctor, are used in the field of Alzheimer’s disease. By early detection and prompt treatment of the memory problems, the development of Alzheimer’s may be delayed. Besides, hormone replacement therapy is also beneficial for people concerned about their memory, especially for the individuals with low hormone levels.

B. Treatment
The treatments for Alzheimer's disease are various from non-drug ones to therapeutic activities. The following are the most common treatments. (The Fisher Center for Alzheimer’s Research Foundation, 2009)

1. Drug treatment

Five drugs have been approved by the Food and Drug Administration (FDA) in the U.S. for treating the cognitive symptoms of Alzheimer’s disease—Reminyl, Exelon, Aricept, Cognex, and Namenda. The first four belong to a class of drugs known as cholinesterase inhibitors. Each acts in a different way to postpone the acetylcholine, a chemical in the brain that assists communication among cells and is vital for memory. However, Cognex is rarely prescribed because of serious side effects, including possible liver damage. The last one, Namenda, acts by a different mechanism. It shields brain cells from overexposure to another neurotransmitter called glutamate, excess levels of which contribute to the death of brain cells in people with Alzheimer’s.

There are also other ways to treat cognitive decline in Alzheimer’s disease. Take vitamin E for an example. Strong evidence indicates that vitamin E, taken at a dosage of 1,000 I.U. twice a day, may slow the progression of Alzheimer’s in some people, although the entire impact is minimal. Studies are ongoing, and vitamin E should be used only under a doctor’s supervision.

2. Therapeutic Activities

Some of the therapeutic activities, such as playing music of the patient’s choice, one-on-one interaction, playing videotapes of family members, walking and some light exercise, and pet therapy, have been shown in rigorous research studies to reduce certain problem behavior of people with Alzheimer’s.

What activities may be beneficial depends on the individual, and different activities may affect certain symptoms but not others. For example, music therapy may improve eating in some people but not others. Any former hobby or interest of the person is a candidate, from gardening, cooking, painting and drawing, to singing, playing musical instruments or listening to music, etc. Routine is essential. Activities that are done regularly, perhaps even at the
same time every day if possible, may help establish routine and increase the person’s sense of stability.

C. Care

The issue of care is important because the sufferer’s family members tend to pay a lot of social costs to take care of the person. In the novel, for instance, even though Jake Moon was only an elementary student, he needed to share the responsibility of looking after his grandfather instead of playing after school. Therefore, how to do the caregiving well means a lot to both the patients and the caregivers.

The condition of those who have Alzheimer’s varies from every single case. Therefore, there’s no certain way to caregiving. The responsibilities of caring for patients range from daily care, behavior, and safety. Not only do the patients need care, but also caregivers need our concern. (The Fisher Center for Alzheimer’s Research Foundation, 2009)

1. Daily Care

We should treat the patients as normal people, making them feel a sense of dignity and self-esteem. When it comes to planning activities, 4 parts should be focused on: person, activity, approach, and place. To begin with, we should keep what the person enjoys in mind, consider whether he or she can start activities without directions, and most importantly, be aware of the person’s physical condition. Speaking of activity, what we should notice is not the achievement, but the enjoyment, and the activities must be related to the person’s past work life. As the stages worsen, we should adjust the activities. Then, for the approach, we should be patient (just like instructing kids), relaxed (don’t be anxious to the patient), to the sufferers. Also, we should help get the activities to start for the individual are awful in movement and judgment. Finally, the importance of place lies in safety. Be sure anything that may do harm to the sufferer is moved away in advance.

2. Behavior

Alzheimer’s disease and related dementias cause individuals to act weird, indifferent, anxious, or aggressive. They also would misinterpret what they’ve
seen or heard. So, things that make them so weird may be physical discomfort, environmental factors, or poor communication. Maybe lots of medicines cause side effects to the patients, and maybe they’re just tired because of inadequate rest. Maybe noises make the patients annoyed and they are not able to say “Stop making noises!”

Taking care of mentally disabled people is really exhausting. So, to prevent the caregivers from getting burned-out, there are also some questions to help check the caregivers’ mental health, such as “Do you regularly feel like you have to do it all yourself and that you should be doing more?” or “Do you regularly feel grief or sadness that your relationship with the person isn’t what it used to be?” And the answers can provide tend to be positive, it may mean you are out of problem in mind.

V. Conclusion

Every one of us has the possibility of becoming another Jake or Skelly even if we don’t want to. Since there is a huge quantity of people living with Alzheimer’s disease, and it has been highly concerned by more and more people, not merely should experts and sufferers’ family know more about Alzheimer’s disease, but students or even everyone should have the basic knowledge of Alzheimer’s as well.

Alzheimer’s disease can be roughly divided into three stages. Each stage has its distinct symptoms, giving us implications of what we can do or how we can help. Prevention efforts are worth taking, and it is strongly advised that taking Mediterranean diet, managing stress, and exercising regularly may decline the chances of getting Alzheimer’s.

Although Alzheimer’s disease can’t be utterly cured, two major treatments are provided to delay its development and relieve the worsening condition. One is drug treatment, which is by taking drugs or vitamins to fight against the disease’s damage; the other is therapeutic activities, which are said to be able to increase the stability of sufferers if done routinely.

The last but not the least, there are certain principles that we should follow when caring for the patients. We should plan the activities that cater for the sufferers and pay attention to the caregivers’ mental health. In Jake’s case, not
solely did he and his mom try many possible ways to make Skelly fond of his previous interests again, but they also found the meaning and strength to move on. If sufferers are properly taken care of, and the caregivers don’t get burned-out, they are bound to get through the hard times.

VI. References


